

**City of Fresno**  
**Deferred Compensation Participation Agreement**

☐ **CHANGE OF BENEFICIARY ONLY**

**1. I wish to enroll in the City's Deferred Compensation Plan. The following is my personal information:**

1. SSN# _____	5. Date of Birth _____
2. Full Name _____	6. Home Phone (    ) _____
3. Street _____	7. Work Phone (    ) _____
_____	8. Payroll Division No. _____
City _____ State _____ Zip _____	
4. Male <input type="checkbox"/> Female <input type="checkbox"/> (Check one)	
9. Married <input type="checkbox"/> Single <input type="checkbox"/> (Check one)	

**2. I wish to designate the following beneficiary (ies) in accordance with the provisions of the Plan:**

Primary: Name _____	Relationship _____	_____ (DOB if Minor)
Street _____		_____
City/State/Zip _____		_____
Name _____	Relationship _____	_____ (DOB if Minor)
Address _____		_____
City/State/Zip _____	Relationship _____	_____ (DOB if Minor)
Contingent: Name _____		_____
Street _____	Relationship _____	_____ (DOB if Minor)
City/State/Zip _____		_____
Name _____		_____ (DOB if Minor)
Street _____		_____
City/State/Zip _____	Relationship _____	_____ (DOB if Minor)

Signature of spouse \_\_\_\_\_  
(If primary beneficiary above is someone other than my spouse.)

*I understand that my deferred amounts will be governed by the IRS Code as formulated for Section 457 Plans.*

**I acknowledge that the following expenses will apply:**

- ✧ Account administration fee of \$8.00 per year
- ✧ Mutual fund fees as outlined in each fund's prospectus

*I acknowledge that I must call the Fidelity Retirement Benefits Line (1-800-343-0860) to set my deferred amount and choose my investment options.*

I hereby authorize payroll deductions to be made, in the amount I have specified to Fidelity Investments for investment in my Deferred Compensation Account, during each payroll period, until further notification by me, as set forth in the Plan. I understand that my first contribution will be taken as soon as administratively possible following my completion of this form.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY CERTIFICATION**

**The above employee is eligible for participation in the City of Fresno's Deferred Compensation Plan.**

Committee Authorization: \_\_\_\_\_

Effective Date \_\_\_\_\_